I MAL D - PEE(O) I MANDIMILI I MA Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless between the property of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23409

JUL 0 5 2005

7590

04/04/2005

MICHAEL BEST & FRIEDRICH, LLP 100 E WISCONSIN AVENUE MILWAUKEE, WI 53202

07/06/2005 NNGUYEN2 00000071 502401 09681621

01 FC:1501

1400.00 DA

02 FC:1504

300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| Barbara A. Johnson | (Depositor's name) |
|--------------------|--------------------|
| Barbara a. Johnson | (Signature |
| 6-29-05 | (Date |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------------|---------------------|------------------|
| 09/681,621 | 05/10/2001 | Kenneth Brakeley Welles II | 0391999515-0 | 4659 |

TITLE OF INVENTION: LOCATION SYSTEM USING RETRANSMISSION OF IDENTIFYING INFORMATION

| EXAMINER ART UNIT CLASS-SUBCLASS | APPLN. TYPE | SMALL ENTITY | ISSUE FEI | E | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|---|---|----------------------|--|---|---------------------------------|----------------------------|
| HOLLOWAY III, EDWIN C 2635 340-825490 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) | nonprovisional | NO | \$1400 | | \$300 | \$1700 | 07/05/2005 |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address for pto 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address for pto 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address for pto 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address for pto 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address for pto 4 segments of patent attorneys or agents OR, alternatively, Change of correspondence address for patent attorneys or agents OR, alternatively, Change of correspondence | | | ART UNIT | | |] | • |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. The Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | 2635 | | | • | • |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. | lence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use | Correspondence | (1) the nam or agents O (2) the nam registered a 2 registered listed, no na | nes of up to 3 registered pater R, alternatively, are of a single firm (having as a attorney or agent) and the name I patent attorneys or agents. If ame will be printed. | a member a 2es of up to | LES, STARKE & SAWALL, L |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | PLEASE NOTE: Unless | an assignee is identified be | elow, no assignee da | ata will anne | ar on the natent. If an assign | nee is identified below, the de | ocument has been filed for |
| GE Medical Systems Information Technologies, Inc. Milwaukee, WI | (A) NAME OF ASSIGN GE Medical Information T | Esystems Echnologies, | (B) | | • | UNTRY) | |

| GE Medical Systems Information Technologies, Inc. | Milwankee, WI |
|--|---|
| Please check the appropriate assignee category or categories (will not be | e printed on the patent): 🗖 Individual 🚨 Corporation or other private group entity 📮 Government |
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): |
| ☑ Issue Fee | A check in the amount of the fee(s) is enclosed. |
| Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. |
| Advance Order - # of Copies | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number |
| 5. Change in Entity Status (from status indicated above) | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be access | ication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. |

interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kuborn Typed or printed name

Registration No. 40, 689

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.